

Hayward Executive Airport (HWD)
20301 Skywest Drive - Hayward, CA 94541

Request for Emergency Lifeguard Flight Information
(Pursuant to the City of Hayward Noise Ordinance and the Public Utilities Code Section 21662.4)

Complete this form and fax to (510)783-4556 or email to
jenny.donnelley@hayward-ca.gov

If you have any questions please call the Airport Administration Office (510) 293-8678 – Thank you

Organization or Company Name _____

Address: _____

Phone/Fax/Email: _____

Date and Time of Operation(s): _____

Aircraft Registration: _____ Flight #: _____

Aircraft Type: _____ Stage II _____ Stage III _____

Contact Person: _____ Phone# : _____

Medical Attendants: _____

Flight Crew: _____

Agency Requesting Transport: _____

Contact _____ Address _____

Destination: _____

Contact _____ Address _____

I hereby certify that the above information is true and correct, and that a written statement from the attending physician specifying that this was a medical emergency is available upon request.

Signature: _____

_____ Date _____

Director of Operations

Form must be returned to HWD within 72 hours prior or subsequent to arrival or departure of aircraft.